

BULLETIN

OF THE

Harvard Medical School Alumni Association



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SCHOOL OF MEDICINE AND PUBLIC HEALTH
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THE HARVARD MEDICAL SCHOOL
ITS PROGRESS AND ITS PROBLEMS
THE NEW ENGLAND MEDICAL CENTER
WHAT IT HOPES TO ACCOMPLISH
THE BOSTON MEDICAL LIBRARY
PAST, PRESENT, AND FUTURE

July, 1930

PUBLISHED BY THE HARVARD MEDICAL SCHOOL ALUMNI ASSOCIATION
BOSTON, MASS.



X-Ray photo of hand showing severe rickets

Successful Treatment of Rickets~

Successful Prevention of Rickets is not a matter of theory or guess work. The relationship between the administration of cod liver oil and the formation of sound, healthy bones is almost as vividly demonstrable by the X-ray as is the difference between a broken bone and a normal one.



X-Ray photo of same hand—one year later showing rickets healed

Note Unusual Vitamin Potency of Nason's!

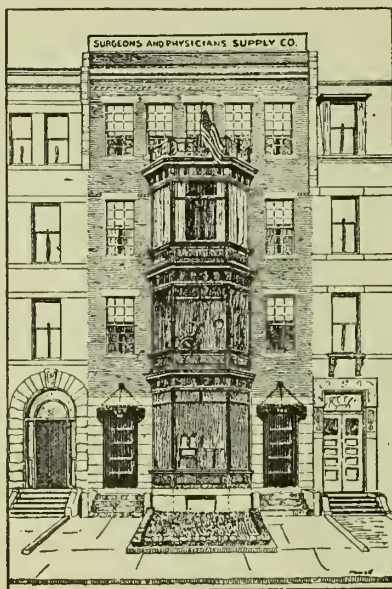
The antirachitic potency of Nason's Cod Liver Oil is such that 0.01 Gm. per day will produce definite healing (as determined by x-ray photographs), in the leg bones of rachitic rats in eight days when added to a diet lacking in vitamin D, the rats being also deprived of ultraviolet light. In addition Nason's Palatable Cod Liver Oil is required to have content of fat soluble vitamin A, determined by the U. S. P. method, of not less than 800 units per gram.



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Boston

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President and Manager

BULLETIN OF THE HARVARD MEDICAL SCHOOL ALUMNI ASSOCIATION

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The Harvard Medical School Its Progress And Its Problems

BY FRANCIS M. RACKEMANN, M.D.

EXTRAORDINARY strides in medical science and in medical education have been made in the past ten years. After the great War the inflation of prices and the extension of mass production led to the accumulation of great wealth. Since that time a great number of generous donors have given money in large amounts for the support of medical schools and hospitals. The considerable sums which have been contributed have been spent in two principal directions. First, a very impressive building program has been carried out in all parts of our country. The need for more beds in hospitals reflects the growth of the population; the need for modern buildings and modern appliances for taking care of sick people reflects the progress in hygiene and in civilization in general; but

the need for adequate laboratories and scientific institutes reflects the advance which medical science has already made and it reflects the confidence with which the public expects even greater advances in the future.

The money contributed to medical schools and hospitals has had another effect which is of even greater importance than the erection of modern buildings. It has provided those increased facilities for laboratory work which are so essential. Adequate salaries to men qualified to conduct experimental work can now be paid by at least a few institutions, so that each year greater numbers can devote their full time to teaching and to intensive study and investigation. These men become masters of their subject and as such they are the

best teachers of that subject. Recent graduates can now extend their education into advanced fields and receive some support at the same time. Their salaries are meagre but it is now possible for these men to live and carry on during an extremely important period in their training. In the capacity of "Residents" or "Assistants" they learn the methods of research and the ability to analyze their findings critically and accurately; frequently they add substantial facts to our knowledge. Technicians become available as important assets in relieving the strain of an ever-increasing routine. Finally, laboratory apparatus, both simple and complex, is provided in proper quality and quantity to ensure efficient work.

Harvard has received her share of all these benefits, but certain other institutions have received more. While the figures are large and the annual budget at Harvard has gone up from an annual expenditure of \$156,625 in 1900 to \$575,850 in 1920 and to \$942,599 in 1930, this increase is by no means peculiar to our institution. This point should be borne in mind, because graduates often fail to appreciate that the expansion here is matched by an equal and sometimes greater expansion in other schools. Obviously the size of the budget is not a criterion of success. Its rapid growth merely indicates the difficulty of the administration problem.

We like to feel that the money has been spent wisely at Harvard. Can we point to results? The public has now recognized that while research occasionally leads to a brilliant discovery of immediate value, like the discovery of insulin for diabetes or the recent discovery by Dr. Minot at Harvard of liver extract for pernicious anaemia, these abrupt and dramatic results are unfortunately rare. Most progress is made more slowly and at infinitely greater expense. Prolonged studies which add small increments to our knowledge or closing in on the problem by slow degrees may be no less fundamental. The analytical methods

developed and perfected by Dr. Folin have conferred a total benefit to mankind which is quite as great as the abolition of the danger from such a disease as pernicious anaemia. To Dr. Lawrence J. Henderson, we owe the whole modern conception of acidosis; a principle of primary importance in the production of symptoms in many diseases, and, consequently, in the treatment of these symptoms and of the disease itself. The studies of Dr. Cannon on the sympathetic system form today the basis for a very promising attack on several obscure conditions now evidently dependent upon the relation of these extraordinary nerve fibres to local blood supply and tissue nutrition. Studies on the blood which at first seemed of only academic interest sprang suddenly into great practical value when, in war time, poisoning by benzol and nitro compounds became frequent and dangerous. More illustrations could be given. Each department in the School is constantly adding new facts to be used by itself or to be applied by another department to its own problems. This is the great return from investments in research.

One often hears the question as to why the number of students must be restricted. If each man is required to have 12 cases in obstetrics, this means that a total of 1,620 cases must be secured for Harvard. The task is not always easy. Moreover, our big class laboratories are designed for not more than 125 men. Aside from these material factors, however, the fact is that classes of 125 men in the first two years and of 135 men in the second two years are as large as can be taught properly at the present time.

Our students are carefully selected. Applications of a *bona fide* character, not counting the numerous "requests for information," have increased from about 150 for 100 places in 1920 to 750 applications for 125 places in 1930. This great number in itself requires that the men be carefully selected. The present admission committee is made up of the following: Doctors Bremer, Cannon, and Hale

representing the pre-clinical subjects; Doctors Joslin, Locke, and Miller representing the clinical subjects. Surely the personnel is excellent.

In the selection of the future student, photographs and confidential letters have an almost equal significance with the formal questionnaire. Character is quite as important as scholarship. The fact that on one occasion a member of Phi Beta Kappa from Harvard was refused admission indicates well that brains alone do not qualify a man for the practice of medicine. Dr. Hale has reported that the sons of doctors are on the whole better qualified than the sons of laymen; that the sons of doctors are accepted in the proportion of one to two and a third, while the sons of laymen are accepted in the smaller proportion of one to eight and two-thirds. That the efforts of the Committee on Admissions are productive of results is shown by the fact that in the class of 1925, nineteen students were dropped, most of them in the first two years; whereas in the class of 1930, only three were dropped. Moreover, in the past two years there have been no failures in the final examination and every student has obtained his degree.

In medical undergraduate teaching there have been two major changes. First, the general examination was established in 1919. Prior to that time, comprehensive examinations at the end of the second and fourth years were found to be a little better than the old system of single examinations in the many separate courses. But the very nature of these two comprehensive examinations continued to keep the pre-clinical subjects distinct from the clinical subjects.

In 1919, President Lowell appointed a committee of high ability composed of Dr. R. W. Lovett, Dr. W. S. Thayer, Dr. A. Coolidge, Dr. D. L. Edsall, and Dr. C. K. Drinker to study the examination problem. In the next few years, an enlarged General Examination Committee worked intensively on the results of different kinds of written and oral examinations as well

as on the marks which different examiners and groups of examiners gave to the individual blue books. These studies were illuminating. They brought out clearly the inadequacy of most of the memory tests to which the students had been previously subjected. A knowledge of figures and facts had to be supplemented by a clear understanding of the manifold relationship between the many items. "Correlation" became the key note. Since then, such broad questions as "Discuss milk," "Discuss jaundice," or "Discuss the functions of the blood" aim to test the student's ability to arrange his knowledge in an orderly fashion and to correlate normal structure and function with the causes, the mechanism, and the symptoms of disease.

This examination has had a profound effect upon the whole School. Students and instructors alike have been forced to regard their laboratory studies in the light of the clinic, and their clinical observations in the light of the laboratory, with tremendous benefit to all concerned. The level of medical thought in the community has been distinctly raised. The examination here has been imitated in other schools.

The second important change is to give the student time to think about his work. Individuality is recognized and encouraged. The average student receives good instruction in all his courses; the better student can, in addition to this, cultivate his special interests under special supervision. The tiresome series of didactic lectures, each crammed with facts, has been given up in the third year. By a drastic change, the student is allowed to go free on Tuesday, Thursday, and Saturday afternoons. He could play golf but he doesn't. He reads, thinks, and talks. He has learned to piece together the fragments of his knowledge and to recognize the gaps in it. He has learned how to use the Library, and the Library has grown accordingly. In ten years its budget has grown from \$5,000 to \$20,000; and its books from 34,000 to 53,000. The attendance of students has increased almost three-fold.

What results can be seen? In the year just passed there were no failures, and of the total 136 men graduating, twenty were given a degree *cum laude* and three were given a degree *magna cum laude*. All except five of these graduates have appointments as internes; ten of them in pathology. Of recent graduates, 95 per cent. are engaged in the practice of medicine and surgery, and only 5 per cent. spend their time in pure laboratory work. Among our 4,000 graduates, there are 270 men (6.75 per cent.) who now hold professorial chairs in clinical or pre-clinical medical subjects. So much for the students.

The attitude of the Faculty is even more important. There are several reasons for the assembly of the present group of leaders in medical science which makes the Harvard Medical School so outstanding. First—the atmosphere here is that of a real university. The men are not burdened by excessive routine. They have time to think and work as their consciences dictate. They have proper facilities for this work. They are happy. Their time is not prescribed. They can come and go. Moreover, there is absolute coöperation between them. Dr. Edsall has frequently pointed to the close coöperation between our Medical School and other departments of the University. Such departments as those of immunology, tropical medicine, and preventive medicine provide us all with experts who are always ready to answer questions and compare our unusual observations with their relatively common findings. Physiology and chemistry in the Medical School are correlated with bi-

ology and chemistry in the College. Dr. Henderson does most of his work in the basement of the Business School, where he can study the effect of exercise and fatigue on young men. The investigation of allergy is being aided by studies at the Gray Herbarium, and other studies in the Farrow Laboratory of Cryptogamic Botany. Such coöperation is not only efficient; it is personally delightful. It leads to the formation of new friends and to a new point of view. The Harvard Society of Biology, which meets at the Medical School, is a stimulating influence.

But whatever the reason, men like to stay at Harvard. Only this year, an instructor has been offered \$10,000 to go elsewhere, but he prefers to stay here for \$5,000. Another has been offered \$18,000, but will stay here for \$12,000. Such facts are of primary importance. They are good causes for inward complacency as they indicate the calibre of our men. While our budget has grown and many buildings have been erected, it is the men working in these buildings who make the School. A few of our men must go. They have young families, and money becomes important. They cannot afford to overlook larger salaries. Their loss is always unfortunate. It could be avoided only by giving them the extra money which they deserve and really need. Unfortunately, however, while we seem to be rich, most of our assets are assigned to specific uses. The amount of "unrestricted" income is still too small to bear the demands made upon it. The need for more of it is always present.

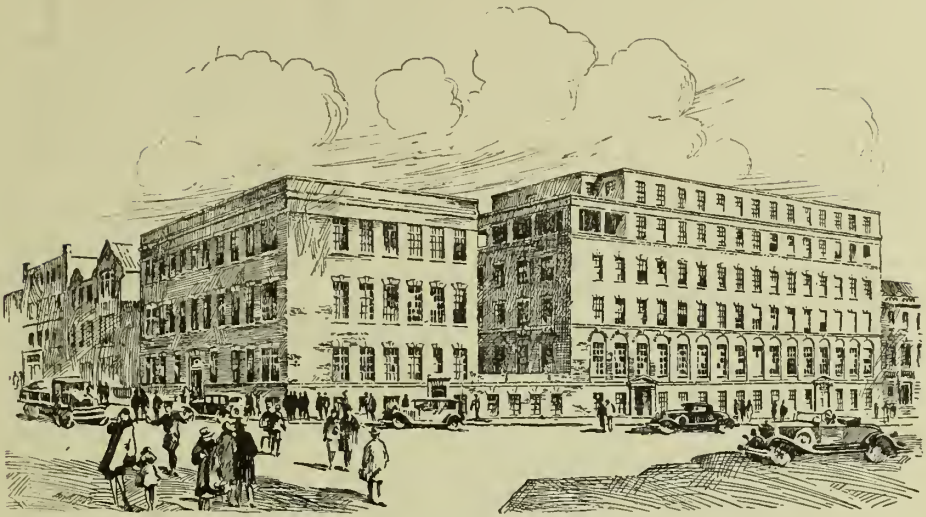
The New England Medical Center

BY JOSEPH H. PRATT, M.D.

THE New England Medical Center has been formed by the merger of the Boston Dispensary, Tufts Medical School, and the Floating Hospital. The name conveys exactly the hopes of the founders, as it is their desire to develop an

institution that may become in reality a medical center for the physicians of all New England.

The Floating Hospital will float no more. At the present time, owing to advances in preventive medicine, illness



The New England Medical Center as Projected

among babies and young children in summer has lessened, until now there is a greater demand for hospital beds for sick children in winter than in summer.

The plans call for a children's hospital of forty beds, a Center building to be erected on land recently purchased, adjacent to the Dispensary, and a reconstruction of the interior of the present Dispensary buildings. All will be connected to form a single unit.

A campaign to raise funds was started in January of this year. For the building program, \$970,000 is needed, and for a minimum endowment, an additional \$530,000 is required. In spite of hard times in industry, resulting from the Wall Street crash last fall, \$817,000 had been subscribed up to May 31. This amount has been given by over 3,000 contributors. Money for building the Floating Hospital is already available through a gift of \$200,000 from the Jackson Trust, and it is hoped and expected that the full sum needed for the Center building will be raised during the summer, so that its construction will be begun without delay. This new building of five stories will contain, in addition to some out-patient clinics, a hall for clinical lectures and conferences,

various offices, a dormitory for nurses, kitchen and dining rooms for the entire group, and a small diagnostic hospital for adults. It is to be hoped that any physician in any town in New England may have the privilege of sending in obscure cases for study.

The three principal purposes of the Medical Center are: first, to train family doctors for smaller New England towns; second, to furnish a center where New England physicians can come at any time for practical instruction and to study new methods of diagnosis and treatment; and third, to give better medical care to the sick poor of Greater Boston.

The first of these objectives, namely, to restore the family doctor, has been received with hearty approval by the general public, and accounts in great measure for the remarkable interest and financial support given to the project. There are said to be 500 towns in New England at the present time without a doctor. Furthermore, in many of the smaller towns the only physicians are old men, and if they are not replaced by recent graduates the number of towns in which no medical care is available will increase rapidly within the next decade. There must be some solution for this

problem, and the primary duty of the Center is to discover it.

The Medical Center hopes to persuade young doctors to settle in rural communities by restricting the admission of medical students at Tufts largely to New England, by giving preference to students from the smaller cities and towns, and to furnish loans and scholarships to students who will agree to practise in the smaller towns.

During the past year, every senior student at Tufts has had the opportunity to take an all-day course in domiciliary medicine for a month. They have acted as family doctors in the homes of the sick poor of Boston. This has enabled the students to study disease under the same conditions as the general practitioner, and they have discovered that much can be learned and much can be done in the way of treatment without hospital facilities. They see a different side of medical practice than that presented in the wards and out-patient departments, and it makes a strong appeal to many of them. Next fall, four physicians will supervise the work of this course, and it will be possible to give instruction to twenty students a month in the home care of patients. During the past year, 7,500 visits were made by the staff physicians to 3,000 homes of the sick poor.

Today over 1,600 graduates of Tufts Medical School are practising in 304 separate communities in New England. When one considers that over 1,300 applications

for admission to the entering class were made last year, and again this year, it does not seem impossible to choose from this large number 125 men who give promise of making good family doctors.

This movement to establish a Medical Center for all New England, and to restore the dignity of the general practitioner, has had the hearty support of Harvard and of Harvard men. President Lowell wrote that the plan of the Medical Center interested him, "because it will furnish to the public a better service of that kind than we have had before, and because it will give an excellent clinic for the teaching of the students in the Medical School of Tufts, two things we need much in Boston." Dean Edsall welcomes the plan "as an important step in advance in the training of men for medicine for this general region of the country." A large number of Harvard teachers and graduates have personally contributed to the Fund and secured subscriptions from friends and patients; in fact, no small part of the success of the campaign has been due to the endorsement and help that Harvard men have given. Dr. Roger I. Lee worked most efficiently as chairman of the Doctors' Committee on the project.

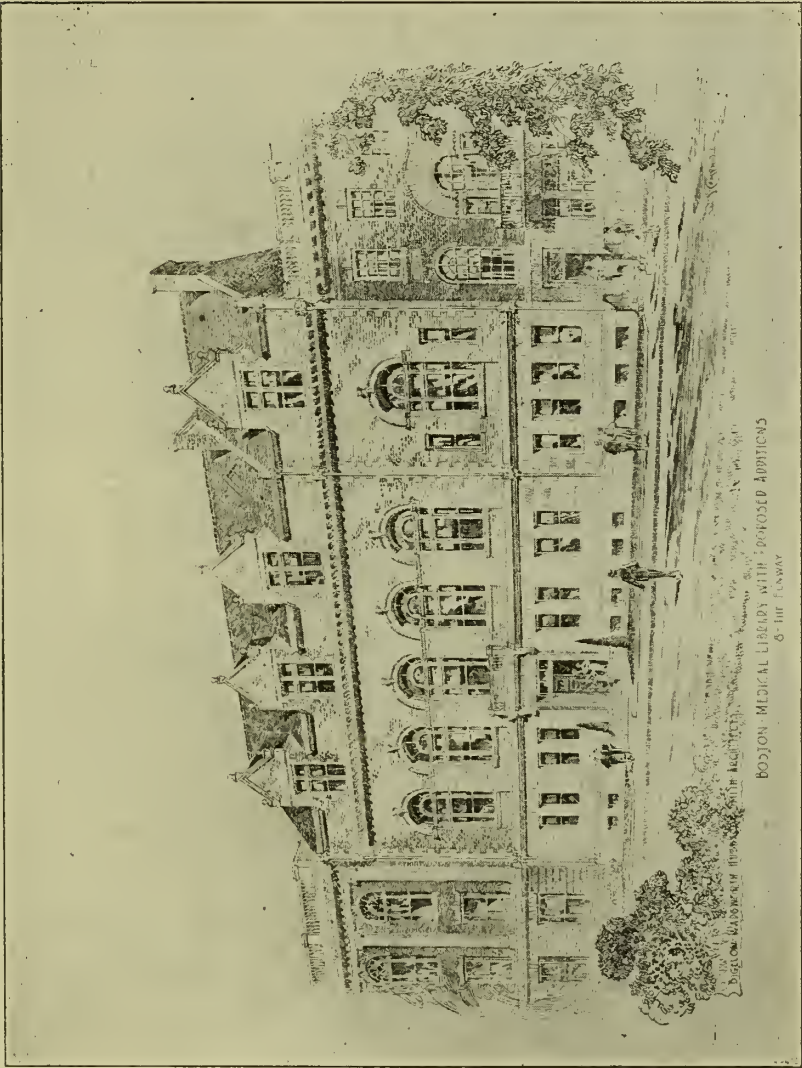
It is to be hoped that in the future the development of the Medical Center will be carried on with such wisdom and success that it may deserve the continued support of Harvard.

The Boston Medical Library

BY JOHN W. BARTOL, M.D.

IN fifty-five years the Boston Medical Library has thrice outgrown its house. Started in 1875 with a few books and periodicals in a couple of rooms in Hamilton Place, it was found already necessary in 1878 to remove to larger quarters at 19 Boylston Place, which in turn were vacated after the lapse of twenty-two years for the new building at 8 the Fenway. In

1904 an adjoining vacant lot was added to the holding, and in 1908 a one-story basement stack room was built to meet the immediate and urgent demand for additional shelf room. In 1913 there was a concerted attempt to raise the funds necessary for completion of the stack, but, just after a good start had been made, the War intervened and nothing further was ac-



THE BOSTON MEDICAL LIBRARY WITH PROPOSED ADDITIONS

completed until last year, when the Joint Building and Endowment Fund made its initial bow in the arena of appeals. This fund has now reached a total which justifies the beginning of construction, but the eventual completion and furnishing of the addition will call for many new contributions. In this connection it is interesting to note that on June 29, 1898, the Harvard Medical Alumni Association voted: "That this Association, in consideration of the services which the Boston Medical Library has rendered to the Harvard Medical School and to the profession, contribute for its use \$250 from the funds of the year 1898 solely." Also in 1901, a further contribution of \$500 was made.

In 1875 the Library had practically no possessions; today its volumes number 150,000, and its pamphlets 100,000, while 700 periodicals are received regularly by subscription. In addition, many invaluable "treasures" have been accumulated by gift, in the shape of portraits, coins, autographs, etc., not forgetting the priceless "Bullard Collection of Medical Incunabula." Annual accessions amount to approximately 4,000 volumes, and, while it is urged by some that space for new books might be created by disposing of old ones, the convincing fact remains that the percentage of titles immune to demand is extremely small, and the greatest discretion has to be practised in passing on the discards.

The Library today has an international reputation, and is not exceeded in importance by any medical library in the United States.

The expressed intention of the founders that this institution should serve as a focus of professional activity has always been uppermost in the minds of its executive officers, and a constant endeavor has been made to widen its influence and usefulness. Although maintenance charges are largely met by the annual dues of its 800 mem-

bers, the extent of gratuitous service to non-members, both professional and lay, can only be appreciated by a study of its recorded activity (e.g., on a recent date a single item was of 133 periodicals requested for consultation).

Aside from the functions commonly recognized as belonging more strictly to a library, the wider relations appertaining to an academy of medicine play an essential part in the yearly program. In its halls are held the stated meetings of divers societies, including the Suffolk District and the Council of the Massachusetts Medical Society, while the Director's office is daily the source of helpful answers to a great variety of inquiries coming by mail, telephone, or personal interview.

In 1903, Dr. David W. Cheever, at that time president of the Library, writing of the new building, said:

"This is to be an Academy of Medicine, a Medical Club and meeting place, and the future home of the Massachusetts Medical Society. It will be a credit to medicine, and a valuable repository of books and periodicals. The reading room, open to the profession, will be large and well supplied, and ample facilities will be afforded for all medical societies and organizations"; and his prophetic vision is now on the verge of literal realization since, in the building-plans already approved, ample provision is made for the headquarters of the Massachusetts Medical Society, together with editorial offices of the *New England Journal of Medicine*, as well as hospitable accommodation for such other organizations of allied interests as may be in need of headquarters.

Loyal support of the profession has maintained, and doubtless will continue to maintain, the progressive development which warrants a dignified attitude of independent but coöperative existence, and with certainty assures perpetuation of the ideals of the founders.

Hospital Appointments of the Class of 1930

NAME	HOSPITAL	SERVICE	DATES	
Abrams, M. I.	Beth Israel	Medical	Nov. '30	July '32
Aird, R. B.	Strong Memorial, Rochester	Surgical	July '30	July '31
Alden, J.	St. Luke's, San Francisco	Rotating	July '30	July '31
Andrews, E. M.	Hartford Hospital	Rotating	Jan. '31	July '32
Anglem, T. J.	Boston City	Surgical	Nov. '30	Jan. '32
Babson, W. W.	Boston City	Surgical	Nov. '30	July '32
Banks, B. M.	Beth Israel	Medical	July '30	Mar. '32
Berry, A. N.	Peter Bent Brigham	Surgical	Apr. '31	Sept. '32
Blacklow, L. A.	St. Luke's, New Bedford	Rotating	July '30	July '31
Boyd, P. L.	Beth Israel	Surgical	July '30	Mar. '32
Brown, T. E.	St. Elizabeth's, Brighton	Rotating	July '30	Apr. '32
Brues, A. M.	Massachusetts General	Medical	Apr. '31	Feb. '33
Buhrmester, H. C.	Church Home & Infirmary, Baltimore	Medical	July '30	July '31
Callahan, J. C.	Boston City	Surgical	Mar. '31	Nov. '32
Caughey, J. L.	Presbyterian, N. Y. C.	Medical	Oct. '30	Sept. '32
Chrisman, A. S.	U. S. Naval Hospital	Rotating	July '30	July '31
Clarke, H. G.	Boston City	Surgical	Nov. '30	July '32
Cohen, S. J.	Boston City	Surgical	Mar. '31	
Cole, C. C.	Royal Victoria, Montreal	Surgical	July '30	July '31
Cole, E. M.	Hartford Hospital	Rotating	July '30	Jan. '32
Collins, R., Jr.	Baker Memorial	Medical	May '30	Nov. '30
	Massachusetts General	Surgical	Jan. '31	Feb. '33
Corliss, P. G.	Springfield Hospital	Rotating	June '30	June '31
Cox, C. E.	Worcester City	Rotating	Mar. '31	Mar. '33
Daniels, D. H.	Henry Ford, Detroit	Rotating		
Davis, F. M.	Harper, Detroit	Rotating	July '30	July '31
Decker, B. L.	Massachusetts General	Pediatrics	June '30	Apr. '31
		Medical	Apr. '31	Feb. '33
Dodrill, F. D.	Harper, Detroit	Rotating	Oct. '30	Oct. '31
Dowling, A. S.	Lakeside, Cleveland	Medical	Mar. '31	July '32
Eaton, M. D.	Tutoring and Assistant in Bacteriology	H. M. S.		
Eppinger, E. C.	Boston City	Neuro.	July '30	Jan. '31
	Peter Bent Brigham	Medical	Feb. '31	June '32
Ferguson, C. L.	U. S. Naval Hospital	Rotating	July '30	July '31
Ferrone, J. D.	Boston City	Obstet.	Apr. '31	Oct. '32
Finke, C. H., Jr.	Boston City	Medical	Apr. '31	Oct. '32
FitzGerald, W.	Bellevue, N. Y. C.	Med. & Surg.		
		2nd Cornell Division	July '30	July '31
Fleming, R. E.	Peter Bent Brigham	Medical	Oct. '30	Feb. '32
Foshee, C. H.	Children's	Surgical	July '30	Oct. '31
Franseen, C. C.	Massachusetts General	Surgical	July '30	Aug. '32
Frazee, J. R.	Children's	Surgical	July '30	July '31
Freeman, H. P.	Hartford	Rotating	Jan. '31	July '32
Gause, Ralph	Roosevelt Hospital, N. Y. C.	Surgical	July '30	July '32
Gillette, F. J.	U. S. Naval Hospital	Rotating	July '30	July '31
Graney, C. M.	St. Jerome's, Batavia, N. Y.	Surgical	July '30	
Graybiel, A.	Massachusetts General	Medical	July '30	May '32
Grow, W. B.				
Gulick, J. B.	Strong Memorial	Surgical	July '30	July '31
Hall, S. C.	Boston City	Medical	July '30	Dec. '32
Halsted, J. A.	Massachusetts General	Medical	Oct. '30	Aug. '32
Hamilton, H. H.	Boston City	Surgical	Mar. '31	Nov. '32
Harder, F. K.	Boston City	Medical	Jan. '31	July '32
	Children's	Bact & Path.	Feb. '30	Dec. '30
Hardy, A. E.	Providence City		Oct. '30	Apr. '31

	Rhode Island Hospital, Providence	Rotating	Apr. '31	Jan. '33
Hayes, J. G.	Albany Hospital	Rotating	July '30	July '31
Hazard, J. B.	Boston City	Pathology	July '30	
Hendrickson, H. A.	Englewood Hospital, N. J.	Rotating	July '30	July '31
Hertig, A. T.	Peter Bent Brigham	Pathology	July '30	July '31
Higgins, D. E.	Newton Hospital	Rotating	June '30	June '31
Hodgman, A. B.	Harper Hospital, Detroit	Rotating	July '30	July '31
Holmes, E. M.	Newton Hospital	Rotating	July '30	July '31
Hoover, C. H.	Presbyterian, Philadelphia	Rotating	July '30	July '32
Horenstein, P. S.	Mount Sinai, N. Y. C.	Surgical	July '30	Jan. '33
Howe, H. F.	Boston City	Pathology	July '30	July '31
Hugenberger, F. C.	Boston City	Surgical	Nov. '30	July '32
Hugenberger, P. W.	Boston City	Surgical	Sept. '30	
Johnson, H. J.	Post-Graduate Hospital, N. Y. C.	Medical	July '30	July '32
Kackley, E. M.	Los Angeles General	Surgical	Nov. '30	Nov. '31
Kane, J. W.	Mary Imogene Bassett Memorial Hospital, Cooperstown, N. Y.	Medical	July '30	Mar. '31
	Peter Bent Brigham	Surgical	Apr. '31	Sept. '32
Kattwinkel, E. E.	Newton Hospital, Newton	Rotating	July '30	July '31
Kendall, L. G.	Peter Bent Brigham	Surgical	Oct. '30	Jan. '32
King, A. G.	Strong Memorial, Rochester	Obstet.	July '30	July '31
Kistler, J. E.	Mary Imogene Bassett Memorial Hospital, Cooperstown, N. Y.			
Kobes, H. R.	Cleveland City	Rotating	July '30	July '31
Kranes, A.	Massachusetts General	Medical	Jan. '31	Nov. '32
Lawrence, J. H.	Peter Bent Brigham	Surgical	Apr. '30	Aug. '31
Leahey, B. D.	St. Luke's, Chicago	Rotating	July '30	July '31
Ludwig, A. O.	Massachusetts General	Medical	Oct. '30	Aug. '32
McBryde, C. M.	Barnes Hospital, St. Louis	Medical	July '30	Jan. '32
McLester, J. B.	Peter Bent Brigham	Medical	Feb. '31	July '32
Mathews, F. P.	St. Luke's, N. Y. C.	Surgical	July '30	July '32
Merrill, D.	Presbyterian, N. Y. C.	Medical	Oct. '30	Nov. '32
Militzer, R. E.	Lakeside Hospital, Cleveland	Surgical	Mar. '31	July '32
Miller, J. F.	Children's, Boston	Bact. & Path.	July '30	July '31
Montgomery, H.	Massachusetts General	Medical	Jan. '31	Dec. '32
Moore, S. W.	Cleveland City	Pathology	July '30	July '31
Morrison, A. A.	Hartford Hospital	Rotating	Jan. '31	July '32
Munro, B. S.	Boston City	Surgical	Mar. '31	Nov. '32
Munro, J. H.	Beverly Hospital, Beverly, Mass.	Rotating	July '30	July '31
Nevius, W. B.	Brooklyn Hospital, Brooklyn	Rotating	July '30	July '32
Newell, J. L., Jr.	Massachusetts General	Surgical	July '30	Sept. '32
Norton, H. F.	Beverly Hospital, Beverly, Mass.		Sept. '30	
Norton, P. L.	Carney, Boston	Surgical	Jan. '31	Aug. '32
Parsons, W. J.	Fifth Avenue, N. Y. C.	Surgical	Oct. '30	Dec. '31
Patek, A. J., Jr.	Lakeside Hospital, Cleveland	Medical	Mar. '31	July '32
Pearson, F. J.	St. Luke's, Bethlehem, Pa.	Rotating	July '30	July '31
Peters, A. E.	Rhode Island Hospital, Providence		July '30	July '31
Pilcher, L. S.	Brooklyn Hospital, Brooklyn	Rotating	July '30	July '32
Pommerenke, W. T.	Strong Memorial, Rochester	Surgical	July '30	July '31
Poutas, J. J.	Mass. State Dept. Public Health, Tuberculosis		June '30	
Pratt, H. N.	Children's, Boston	Bact. & Path.	Jan. '31	Dec. '31
		Medical	Jan. '32	June '33
Pressey, H. E.	Boston City	Medical	July '30	Jan. '32
Rafuse, E. R.	Edmonton or Alberta			
Raney, R. B.	Strong Memorial	Surgical	July '30	July '31
Rankin, J. T.	St. Luke's, Chicago	Rotating	July '30	July '31
Reed, W. P.	Boston City	Medical	Oct. '30	
Reynolds, J.	Los Angeles County General	Rotating	July '30	July '31
Rogers, E. S.	Lakeside Hospital, Cleveland	Medical	July '30	July '31

Roots, L. H.	Massachusetts General	Surgical	Jan. '31	Jan. '33
Rubin, L. C.	Bronx Hospital, N. Y.	Rotating	July '30	July '32
Sacco, J. J.	Albany General, Albany, N. Y.	Rotating	July '30	July '31
Sarro, N.	Rhode Island Hospital, Providence	Rotating	Oct. '30	July '32
Schmidt, J. G.	New York Hospital	Surgical	Jan. '31	Jan. '33
Shambaugh, P.	Peter Bent Brigham	Medical	Oct. '30	Mar. '32
Skilling, F. C.	Albany Hospital, Albany, N. Y.	Rotating	July '30	July '31
Snyder, W. H., Jr.	Massachusetts General	Surgical	Apr. '31	June '33
Solomon, P.	Boston City	Neurol.	Sept. '30	May '31
Spence, H. M.	Massachusetts General	Surgical	Oct. '30	Nov. '32
Stanford, H. J.	Bellevue, N. Y. C.	Surgical	July '30	July '32
Storms, W. F.	Hartford Hospital	Rotating	July '30	Dec. '31
Stratford, E. C.	Los Angeles County General	Rotating	Apr. '30	Apr. '31
Strayer, L. M., Jr.	Peter Bent Brigham	Surgical	July '30	Nov. '31
Sweet, H. C.	Boston City	Surgical	July '30	Mar. '32
Temple, J. B.	Worcester City	Rotating	June '30	June '32
Thiessen, N. W.	Cleveland City	Rotating	July '30	July '31
Vermillion, D. D.	Rhode Island Hospital, Providence	Rotating	July '30	Apr. '31
Vernaglia, J. B.	Boston City	Surgical	July '30	Mar. '32
Vieira, E.	Fall River General	Rotating	Aug. '30	Aug. '31
Walker, J. H.	Children's, Boston	Pathology	July '30	Jan. '31
		Surgical	Jan. '31	Mar. '32
Wallwork, D. W.	Massachusetts General	Surgical	Oct. '30	Oct. '32
Waxelbaum, E. A.	Presbyterian, N. Y. C.	Medical	Feb. '31	Mar. '33
Wells, A. H.	Long Island College Hospital	Surgical	July '30	July '31
Wheeler, P. H.	Lakeside, Cleveland	X-ray	Nov. '30	Mar. '31
	Lakeside, Cleveland	Surgical	Mar. '31	July '32
Whitman, L.	Research in Europe			
Wilson, G. E.	Boston City	Surgical	Nov. '30	July '32
Winn, W. A.	Boston City	Pathology	Jan. '30	Jan. '31
Wood, B. S.	Baker Memorial	Medical	May '30	Nov. '30
	Massachusetts General	Surgical	Apr. '31	May '33
Woodall, J. M.	Boston City	Pathology	July '30	July '31
Zealy, A. H.	Hartford Hospital	Rotating	Jan. '31	July '32
Zielinski, N. U.	Lakeside Hospital	Surgical	Nov. '30	Mar. '32

SUGGESTION FOR A CHANGE IN MEDICAL TEACHING

To the Editor of the BULLETIN:

A self-respecting and attractive town in New England, a center of a farming community, having had in the past a proud record of citizenship, with the best type of family doctor, desires to "come back." The interested people, believing that an excellent family physician is a fundamental part of their program, apply to the Harvard Medical School for such a man, guaranteeing a certain amount of income and promising to provide a small hospital, with proper equipment, and sufficient nurses for running the hospital and for social service work.

The Harvard Medical School picks out

from the senior class a group of men who, they believe, would be responsive to this appeal after they had finished their hospital service. One man, having been selected for this town or village, would be told by the School that, if he would agree to go to this town for a period of two or three years, it would be considered as a post-graduate course, and that if he desired finally to return to the city, he would be given preferment on the teaching staff of the School and in hospital appointments. During his incumbency, he would be given assistance in consultations by mail, telephone, or in person, by a group of men in the School. After he had been one year in the country, he would be expected to return to Boston to give a series of two or

three lectures to the senior class on practical medicine, and a recital of his experiences.

One of the Foundations might be brought into this scheme, agreeing to furnish medical books and magazines for the physician while he was in the country and, at the end of the two- or three-year period, would promise to provide funds for a scholarship, lasting six months or a year, for travel and study either in this country or abroad.

The National Government would, naturally, come into this plan through the Children's Bureau or the Agricultural Department, by furnishing nurses, or lecturers on home-making, or advisors in the many agricultural problems.

I think it is not necessary at this time to enlarge on the corollaries of the plan. It is readily seen that it would provide a finer, broader training for a man and make him a better specialist, if he finally decides to become one. Over a period of years, many of this group would become enamored with country practice and would assume proud positions in a community with credit to themselves and the Medical School.

This plan appeals to me as being practical and workable, and I hope will be freely discussed.

WALTER C. BAILEY, M.D.,

Assistant Medical Director, New England Mutual Life Insurance Co. of Boston.

ALUMNI ASSOCIATION MEETING

The annual meeting of the Harvard Medical School Alumni Association was held at the Medical School on June 16.

At 11 o'clock a very interesting demonstration of the new Drinker respiratory apparatus was held at the Children's Hospital by Mr. Philip Drinker and Dr. Arthur T. Legg.

The business meeting was opened by President Francis M. Rackemann at 12 o'clock.

The Treasurer's report was read and accepted.

The Secretary's report was read and accepted.

The following men were nominated to serve on the Council of the Association: Dr. Richard M. Smith, Dr. Reginald H. Smithwick, Dr. Alexander Burgess.

Dr. Worth Hale then gave a very interesting talk on the Medical School affairs.

In regard to the admissions to the Medical School, he stated that the number of applications has become so great that only one out of seven can be admitted. He stressed the difficulty of trying to pick out the best men from the information available.

In regard to Vanderbilt Hall, he stated that with the new club system the dining hall has had a small surplus this year, whereas last year there was a deficit of \$5,000. This surplus is to be applied to improvements in the Club by a committee of students.

In spite of the addition of 50 rooms to be finished by the beginning of the next school year, there are more applicants for the dormitory than can be accommodated, largely because of the fact that two of the Medical School fraternities have closed their houses this year.

He also pointed out the fact that the budget of the Medical School in the last ten years has increased from approximately \$200,000 to nearly \$1,000,000; at the same time the ratio of money expended has changed from approximately 40 per cent. for clinical subjects and 60 per cent. for pre-clinical work, to 70 per cent. for clinical and 30 per cent. for pre-clinical.

Dr. Henry Christian described with enthusiasm the meeting of the Medical Alumni of Syracuse which he had attended. It included a two-day clinical program. He urged that the Alumni Association take advantage of the distinguished men and ample resources of the Harvard Medical School and put on a similar clinical program in connection with our annual meeting. Some discussion followed in regard to the best time

of year for holding such a meeting, and it was finally decided to leave it to the Council of the Association for decision.

Dr. Fitchet then put four questions before the house. He called attention to the fact that a part of the new construction now under way in Vanderbilt Hall was apparently not planned for the use of the students and he wished to ask:

(1) What was the contemplated use of this new building?

(2) Was that use a wise one?

(3) Would the opinion of the Alumni Association have any effect in altering the plans for that use?

(4) Has the construction already gone too far for any alteration to be practical?

In reply, the chair stated that the matter had been considered by the Council of the Association, which felt that nothing was to be gained by discussion of the matter in this meeting, and that the matter was in capable hands. He urged that a motion be made to table the matter. On a show of hands this motion was voted down.

The question was raised as to whose hands it was in. The chairman then asked Dr. Hale to state what he knew about this matter. Dr. Hale brought out the fact that living quarters for the Dean of the Medical School were contemplated in the original plans of the Dormitory and that Mr. Vanderbilt in giving money for the Dormitory was aware of these plans.

Following this statement, a second motion to table the subject was made from the floor and carried.

The meeting adjourned at 1.20 P. M.

After the meeting, a luncheon was served in Vanderbilt Hall. About 225 were present.

JAMES M. FAULKNER,
Secretary.

DR. FREEMAN ALLEN

The signal career of Dr. Freeman Allen has been fittingly described by Dr. Robert B. Osgood in a recent number of the *New England Medical Journal*. To this I wish to add a personal tribute to his

memory, inspired by a long and intimate friendship.

Dr. Allen possessed a unique personality that in a remarkable way endeared him to the hearts of all who knew him well. It would be impossible to portray adequately the unusual charm of his nature, but there were in his character certain outstanding qualities that made him a notable figure throughout his life. Foremost among these, as everyone who knew him would agree, was a rare type of physical courage that amounted almost to a passion. In his picturesque youth, and even in middle age, this courage took the form of what to those less physically capable seemed reckless daring. His friends of former days never tire of recalling his many exploits, such as the annual plunge into the sea from the formidable Pulpit Rock in Nahant, or the famous dive from the second story window of Brimmer Chambers far out over a picket fence into the Charles River; and the feats of mountain-climbing in the Alps that gave him a name among the hardest climbers of Europe. In all this there was never the slightest suggestion of bravado. He seemed rather to glory in perilous situations that tested his strength, agility, and nerve. But his innate courage appeared in other forms than in mere daring, as was shown by the fortitude with which he bore the terrific suffering of his last illness. More dramatic was his rescue of a drowning boy from Leavitt's Pond only a few years before his death, at an age when most men, even the bravest, would hesitate to take the risk. This rescue was entirely characteristic of the man. There was the instinctive fearless impulse that led him without an instant's hesitation to plunge through the thin ice and save the boy where a crowd of men had been standing helpless on the bank.

Doubtless the same spirit of adventure influenced him in choosing his career as a specialist in anaesthesia, at that time an untried field in this community. His success was immediate, and he became widely

known for his skill. His greatest interest was in the handling of difficult and hazardous cases, and in this he was incomparable. Yet, notwithstanding his impetuous nature, he was conservative in his methods and was never led away by new and dangerous fads.

From his illustrious ancestry he inherited many natural talents of which he himself was least of all aware. These gifts, which he made little effort to cultivate, greatly enriched his nature and gave to him that quality of eager response to every sort of interest that made him the most delightful of companions.

As Dr. Osgood said, he made comparatively few contributions to medical literature, but what he did write was so sound and expressed in such a clear rugged style that his articles were models of literary composition. His presentation of a medical paper was a treat. His excellent command of English, his earnest manner of delivery, and his unpremeditated but irresistible flashes of humor always made the occasion one to be remembered.

Freeman Allen was a thoroughbred in every sense of the word. Throughout his life he kept the spirit of an ingenuous boy. Impulsive and sometimes thoughtless, he was incapable of any meanness. He was a brave, loyal, generous friend, and we all loved him well.

WILLIAM P. GRAVES.

DR. WILLIAM L. McCLURE

William L. McClure entered the Harvard Medical School in 1919 to begin his chosen work. He came, as do many each year, a stranger from a distant part of the country to make new friends under rather exacting conditions. Possibly the true measure of his success has been denied us. If, however, one measures success by health of body and mind, by the joy of accomplishment midst a host of admiring friends and patients, none greater could come to any man than had already come to him.

Possibly the principal of the small High

School at Lawton, Okla., might have foreseen the valedictorian of the class of 1912 graduated four years later from Drury College, Mo., with a *summa cum laude* after his B.A. degree. Possibly, too, he might have foreseen a master's degree from the University of Illinois three years later, in spite of a year in the Sanitary Corps of the United States Army. Even his "Medicinae Doctoris" with its *magna cum laude* from Harvard was to be expected. He was gratified but not surprised to hear that his former student had led his classmates in the quest for an internship at the Massachusetts General Hospital. Not even he, however, could have foreseen a personality the development of which would parallel so enviable a scholastic record. It was this rare association of applied intellect and unusual personality which had given Dr. McClure a unique position among his fellow-men.

William Lionel McClure was born August 3, 1893, at Washburn, Mo., the son of John C. and Rosa McClure. He died at the Phillips House, Boston, March 10, 1930, from a fractured skull received in an automobile accident while on his round of hospital calls. He leaves, in addition to his parents, two sisters, Miriam, and Marjorie (Demouth), and a brother, Charles.

NECROLOGY

Allen, Freeman, M.D. '95, Boston; specialist in anaesthesia; died May 3, 1930.

Edson, Carroll Everett, M.D. '92, Denver; Professor of Therapeutics, University of Denver, 1897-1906, and Professor of the Theory and Practice of Medicine, University of Colorado, 1906-1910; veteran of the Spanish-American War; member and past president of the American Climatological and Clinical Association; formerly assistant editor of the *Boston Medical and Surgical Journal*; aged 63; died, January 18, 1930, of bronchopneumonia and cerebral embolus.

Emerson, Edward Waldo, M.D. '74, Concord, Mass.; member of the Massachusetts Medical Society; aged 85; died, January 27, 1930, of bronchopneumonia.

Heydemann, Martin, M.D. '09, Cleveland; medical examiner for the board of education; on

